Image# 29991916930 04/09/2009 19:12

|  | RECEIPTS AND DISBURS ED COMMITTEE OF A CANDIDATE I  |                            | OF PRESIDENT OR V                  | 1 / 30<br>ICE-PRESIDENT  |  |  |  |  |  |
|--|---|----------------------------|------------------------------------|--------------------------|--|--|--|--|--|
| 1. NAME OF COMMITTI                            |   | 011112 011102 0            | THEODEN ON                         | IOL I IILOIDEIVI         |  |  |  |  |  |
| RUDY GIULIANI PF                               | RESIDENTIAL COMMITTEE, INC  |                            |                                    |                          |  |  |  |  |  |
| ADDRESS (number and                            | oneck if different than pres  | riously reported           |                                    |                          |  |  |  |  |  |
| C/O JOHN GROSS<br>PROSKAUER ROSI               | E LLP 1585 BROADWAY   |                            | 2. IDENTIFICATION NUMBER C00430512 |                          |  |  |  |  |  |
| CITY, STATE, and ZIP (                         | CODE  |                            | 3. IS THIS REPORT FOR :            |                          |  |  |  |  |  |
| NEW YORK                                       | NY 1003   | 86-8299                    | X Primary                          | General                  |  |  |  |  |  |
| 4. TYPE OF RE                                  | <b>EPORT</b> (Check here if this is a Term  | nination Report.)          |                                    |                          |  |  |  |  |  |
| X April 15 Quarterly Re                        | eport   | Monthly Report Due         | _                                  | П. Оливич 22             |  |  |  |  |  |
| July 15 Quarterly Rep                          | oort  | February 20 March 20       | ☐ June 20<br>☐ July 20             | October 20 November 20   |  |  |  |  |  |
| October 15 Quarterly                           | r Report  | ☐ April 20 ☐ May 20        | August 20 September 20             | December 20 January 31   |  |  |  |  |  |
| January 31 Year End                            |   | Twelfth day report pr      | eceding Primary                    |                          |  |  |  |  |  |
| dandary of real End                            | Пери  | T wentil day report pr     | <u> </u>                           | pe of Election)          |  |  |  |  |  |
|  |   | election on11/02           | 2/2010 in the                      | State of                 |  |  |  |  |  |
|  |   | Thirtieth day report for   | ollowing the General Electio       | n on                     |  |  |  |  |  |
|  |   | on                         |                                    |                          |  |  |  |  |  |
| IS THIS REPORT AN AM                           | MENDMENT YES X NO   |                            |                                    |                          |  |  |  |  |  |
| 5. COVERING PERIOD                             |   | FROM 01/01/2009            | THROU                              | <b>JGH</b><br>03/31/2009 |  |  |  |  |  |
| SUMMARY  | 6. CASH ON HAND AT BEGINNING OF THE<br>REPORTING PERIOD   | <u> </u>                   |                                    | 58846.58                 |  |  |  |  |  |
|  | 7. TOTAL RECEIPTS THIS PERIOD<br>(From Line 22, Column A, Page 2)   |                            |                                    | 202000.00                |  |  |  |  |  |
|  | 8. SUBTOTAL<br>(Lines 6 and 7)  |                            |                                    | 260846.58                |  |  |  |  |  |
|  | 9. TOTAL DISBURSEMENTS THIS PERIOD<br>(From Line 30, Column A, Page 2)  |                            |                                    | 121223.84                |  |  |  |  |  |
|  | 10. CASH ON HAND AT CLOSE OF REPOR<br>(Subtract Line 9 from 8)  | RTING PERIOD               |                                    | 139622.74                |  |  |  |  |  |
|  | 11. DEBTS AND OBLIGATIONS OWED TO (Itemize All on Schedule C-P or Schedule I  |                            |                                    | 618.90                   |  |  |  |  |  |
|  | 12. DEBTS AND OBLIGATIONS OWED BY (Itemize All on Schedule C-P or Schedule I  |                            |                                    | 3524552.88               |  |  |  |  |  |
|  | 13. EXPENDITURES SUBJECT TO LIMITAT   | TION                       |                                    | 0.00                     |  |  |  |  |  |
| NET ELECTION CYCLE-<br>TO-DATE                 | 14. NET CONTRIBUTIONS (Other than Loan (Subtract Line 28d, Column B from 17e, Co  |                            |                                    | 197400.00                |  |  |  |  |  |
| CONTRIBUTIONS AND EXPENDITURES                 | 15. NET OPERATING EXPENDITURES (Subtract Line 20a, Colummn B from 23, C   | olumn B, Page 2)           |                                    | 393921.66                |  |  |  |  |  |
| I certify that I have exar                     | mined this Report and to the best of my kno   | wledge and belief it is tr | rue, correct, and complete         | e.                       |  |  |  |  |  |
| Type or Print Name of Tre<br><b>John Gross</b> | easurer   |                            |                                    | Date 03/09/2009          |  |  |  |  |  |
| Signature of Treasurer                         |   |                            |                                    |                          |  |  |  |  |  |
|  | se, erroneous, or incomplete information may su   |                            | his Report to the penalties of     | of 2 U.S.C. §437g.       |  |  |  |  |  |
| ·  | EC FORM 3P are obsolete and should no longe   | r be used.                 | _                                  |                          |  |  |  |  |  |
| roi luitiler iliformation                      | For further information contact:  Federal Election Commission 999 E Street, N.W. Washington, DC 20463  Toll Free 800-424-9530 Local 202-694-1100  FEC FORM 3P (01/2001) |                            |                                    |                          |  |  |  |  |  |

| (PAGE 2, FEC FORM 3P)  Name of committee (in full)                                      |                  | Report Covering the Period    | d                                  |
|---|------------------|-------------------------------|------------------------------------|
| RUDY GIULIANÌ PRÉSIDENTIAL COMMITTEE, INC   |                  | From: 01/01/2009              | To: 03/31/2009                     |
| I. RECEIPTS   |                  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
| 16. FEDERAL FUNDS (Itemize on Schedule A-P)   |                  | 0.00                          | 0.00                               |
| 17. CONTRIBUTIONS (other than loans) FROM:  |                  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees                                 |                  | 0.00                          | -2300.00                           |
| (b) Political Party Committees  |                  | 0.00                          | 0.00                               |
| (c) Other Political Committees  |                  | 2000.00                       | 2000.00                            |
| (d) The Candidate   |                  | 200000.00                     | 200000.00                          |
| (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(                       | c), 17(d))       | 202000.00                     | 199700.00                          |
| 18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  |                  | 0.00                          | 0.00                               |
| 19. LOANS RECEIVED:   |                  |                               |                                    |
| (a) Loans Received From or Guaranteed by Candidate                                      |                  | 0.00                          | 300000.00                          |
| (b) Other Loans   |                  | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (Add 19(a) and 19(b))   |                  | 0.00                          | 300000.00                          |
| 20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :                                  |                  |                               |                                    |
| (a) Operating   |                  | 0.00                          | 0.00                               |
| (b) Fundraising   |                  | 0.00                          | 0.00                               |
| (c) Legal and Accounting  |                  | 0.00                          | 0.00                               |
| (d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a),                                 | 20(b) and 20(c)) | 0.00                          | 0.00                               |
| 21. OTHER RECEIPTS (Dividend, Interest, etc.)   |                  | 0.00                          | 0.00                               |
| 22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)                                |                  | 202000.00                     | 499700.00                          |
| II. DISBURSEMENTS   |                  |                               |                                    |
| 23. OPERATING EXPENDITURES  |                  | 121223.84                     | 393921.66                          |
| 24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES  |                  | 0.00                          | 0.00                               |
| 25. FUNDRAISING DISBURSEMENTS   |                  | 0.00                          | 0.00                               |
| 26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS   |                  | 0.00                          | 0.00                               |
| 27. LOAN REPAYMENTS MADE :  |                  |                               |                                    |
| (a) Repayment of Loans made or Guaranteed by Candidate                                  |                  | 0.00                          | 0.00                               |
| (b) Other Repayments  |                  | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))                                    |                  | 0.00                          | 0.00                               |
| 28. REFUNDS OF CONTRIBUTIONS TO :   |                  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees                                 |                  | 0.00                          | 2300.00                            |
| <ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul> |                  | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))                                |                  | 0.00                          | 2300.00                            |
| 29. OTHER DISBURSEMENTS   |                  | 0.00                          | 0.00                               |
| 30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)                       |                  | 121223.84                     | 396221.66                          |
| III. CONTRIBUTED ITEMS (Stock, Art O  | biects. etc.)    |                               |                                    |
| •   |                  | 0.00                          |                                    |
| 31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)  |                  | 0.00                          |                                    |

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)

(PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full)

**RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC** 

ADDRESS (number and street)

C/O JOHN GROSS

PROSKAUER ROSE LLP 1585 BROADWAY

CITY, STATE, and ZIP CODE

**NEW YORK** NY 2. IDENTIFICATION NUMBER

C00430512

# **ALLOCATION BY STATE**

10036-8299

| STATE                | ALLOCATION<br>THIS PERIOD | TOTAL<br>ALLOCATION<br>TO DATE | STATE          | ALLOCATION<br>THIS PERIOD | TOTAL<br>ALLOCATION<br>TO DATE |
|----------------------|---------------------------|--------------------------------|----------------|---------------------------|--------------------------------|
| Alabama              | 0.00                      | 0.00                           | Nebraska       | 0.00                      | 0.00                           |
| Alaska               | 0.00                      | 0.00                           | Nevada         | 0.00                      | 0.00                           |
| Arizona              | 0.00                      | 0.00                           | New Hampshire  | 0.00                      | 0.00                           |
| Arkansas             | 0.00                      | 0.00                           | New Jersey     | 0.00                      | 0.00                           |
| California           | 0.00                      | 0.00                           | New Mexico     | 0.00                      | 0.00                           |
| Colorado             | 0.00                      | 0.00                           | New York       | 0.00                      | 0.00                           |
| Connecticut          | 0.00                      | 0.00                           | North Carolina | 0.00                      | 0.00                           |
| Delaware             | 0.00                      | 0.00                           | North Dakota   | 0.00                      | 0.00                           |
| District of Columbia | 0.00                      | 0.00                           | Ohio           | 0.00                      | 0.00                           |
| Florida              | 0.00                      | 0.00                           | Oklahoma       | 0.00                      | 0.00                           |
| Georgia              | 0.00                      | 0.00                           | Oregon         | 0.00                      | 0.00                           |
| Hawaii               | 0.00                      | 0.00                           | Pennsylvania   | 0.00                      | 0.00                           |
| Idaho                | 0.00                      | 0.00                           | Rhode Island   | 0.00                      | 0.00                           |
| Illinois             | 0.00                      | 0.00                           | South Carolina | 0.00                      | 0.00                           |
| Indiana              | 0.00                      | 0.00                           | South Dakota   | 0.00                      | 0.00                           |
| Iowa                 | 0.00                      | 0.00                           | Tennessee      | 0.00                      | 0.00                           |
| Kansas               | 0.00                      | 0.00                           | Texas          | 0.00                      | 0.00                           |
| Kentucky             | 0.00                      | 0.00                           | Utah           | 0.00                      | 0.00                           |
| Louisiana            | 0.00                      | 0.00                           | Vermont        | 0.00                      | 0.00                           |
| Maine                | 0.00                      | 0.00                           | Virginia       | 0.00                      | 0.00                           |
| Maryland             | 0.00                      | 0.00                           | Washington     | 0.00                      | 0.00                           |
| Massachussetts       | 0.00                      | 0.00                           | West Virginia  | 0.00                      | 0.00                           |
| Michigan             | 0.00                      | 0.00                           | Wisconsin      | 0.00                      | 0.00                           |
| Minnesota            | 0.00                      | 0.00                           | Wyoming        | 0.00                      | 0.00                           |
| Mississippi          | 0.00                      | 0.00                           | Puerto Rico    | 0.00                      | 0.00                           |
| Missouri             | 0.00                      | 0.00                           | Guam           | 0.00                      | 0.00                           |
| Montana              | 0.00                      | 0.00                           | Virgin Islands | 0.00                      | 0.00                           |
|                      |                           |                                | TOTALS         | 0.00                      | 0.00                           |

3 / 30

### Schedule C-P PAGE 4/30 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Transaction ID: SC-1 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: RUDOLPH W. GIULIANI-LOAN FROM PERSONAL FU - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1177 AVENUE OF THE AMERICAS 19TH FLOOR City NEW YORK State NY ZIP Code 10036 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500000.00 500000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 0 4 0 9 2008 12/31/2009 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 500000.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

### Schedule C-P PAGE 5/30 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Transaction ID: SC-2 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: RUDOLPH W. GIULIANI-LOAN FROM PERSONAL FU - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1177 AVENUE OF THE AMERICAS 19TH FLOOR City NEW YORK State NY ZIP Code 10036 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 300000.00 300000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred о 3 0 0 5 2008 12/31/2009 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 300000.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

### Schedule C-P PAGE 6/30 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Transaction ID: SC-3 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: RUDOLPH W. GIULIANI-LOAN FROM PERSONAL FU - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1177 AVENUE OF THE AMERICAS 19TH FLOOR City NEW YORK State NY ZIP Code 10036 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 300000.00 300000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 1 0 2008 12/31/2009 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 300000.00 SUBTOTALS This Period This Page (optional) ...... 1100000.00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

PAGE 7 / 30 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 11 numbered line) **Excluding Loans** 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PRESS TRAVEL MCCLATCHY NEWSPAPERS Mailing Address 700 12TH ST STE 1000 ZIP Code City State WASHINGTON 20005 DC Outstanding Balance Beginning This Period Transaction ID: SD11-2 334.81 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 334.81 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS TRAVEL **NEW YORK TIMES** Mailing Address 1416 DITMAS AVE ZIP Code City State **BROOKLYN** NY 11226 Outstanding Balance Beginning This Period Transaction ID: SD11-4 194.83 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 194.83 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WTKK-FM BOSTON PRESS TRAVEL Mailing Address 55 MORRISSEY BLVD State ZIP Code City **BOSTON** 02125 MA Outstanding Balance Beginning This Period Transaction ID: SD11-1 89.26 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 89.26 618.90 1) SUBTOTALS This Period This Page (optional)..... 618.90 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 618.90 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 8 / 30 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UTILITIES ACT TELECONFERENCING SERVICES INC Mailing Address DEPT CH 17366 City State ZIP Code **PALATINE** IL 60055 Outstanding Balance Beginning This Period Transaction ID: SD-3 24468.99 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 24468.99 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PHONE SVC AT&T MOBILITY LLC Mailing Address PO BOX 8405 ZIP Code City State **PHOENIX** 85062 ΑZ Outstanding Balance Beginning This Period Transaction ID: SD-4 106691.17 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 106691.17 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): BANDWIDTH.COM UTILITIES Mailing Address 4001 WESTON PKWY STE 100 ZIP Code City State **CARY** NC 27513 Outstanding Balance Beginning This Period Transaction ID: SD-6 9133.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9133.50 140293.66 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

| Schedule D-P  | nedule D-P                   |                          |      |                                  |                       | / 30          |  |  |
|---|------------------------------|--------------------------|------|----------------------------------|-----------------------|---------------|--|--|
|   |                              |                          | ١ ،  | separate<br>edule(s)             | FOR LINE NUMBI        | ER:           |  |  |
| DEBTS AND OBLIGATIONS                                   |                              |                          | for  | each                             | (check only one)      | 11            |  |  |
| Excluding Loans   |                              |                          | numb | ered line)                       |                       | X   12        |  |  |
| NAME OF COMMITTEE (In Full)<br>RUDY GIULIANI PRESIDENTI | AL COMMITTEE, INC            |                          |      |                                  |                       |               |  |  |
| A. Full Name (Last, First, Middle BRABENDERCOX          | e Initial) of Debtor or Cred | litor                    |      | Nature of D                      | ebt (Purpose):        |               |  |  |
|   |                              |                          |      |                                  |                       |               |  |  |
| Mailing Address 100 W STA                               | TION SQUARE DR S             | TE 315                   |      |                                  |                       |               |  |  |
| City Sta  | ate ZIF                      | <sup>o</sup> Code        |      |                                  |                       |               |  |  |
| PITTSBURGH PA   | A 15                         | 219                      |      |                                  |                       |               |  |  |
| Outstanding Balance Beginnin                            | g This Period                |                          |      | Trai                             | nsaction ID: SD-7     |               |  |  |
| 6913  | 35.83                        |                          |      |                                  |                       |               |  |  |
| Amount Incurred This F                                  | Period                       | Payment This Period      |      | Outstandir                       | ng Balance at Close o | f This Period |  |  |
|   | 0.00                         | 0.00                     | '    |                                  |                       | 9135.83       |  |  |
|   | 0.00                         | 0.00                     |      |                                  |                       | 9133.03       |  |  |
| B. Full Name (Last, First, Middle CHRIS MOTTOLA CONSUL  |                              | litor                    |      | Nature of D                      | ebt (Purpose):        |               |  |  |
| Mailing Address 1382 LAFAY                              | ETTE ST                      |                          |      |                                  |                       |               |  |  |
| City Sta  |                              | <sup>o</sup> Code<br>204 |      |                                  |                       |               |  |  |
| Outstanding Balance Beginnin                            | g This Period                |                          |      | Trai                             | nsaction ID: SD-9     |               |  |  |
| 9789  | 00.64                        |                          |      |                                  |                       |               |  |  |
| Amount Incurred This F                                  | Period                       | Payment This Period      |      | Outstandir                       | ng Balance at Close o | f This Period |  |  |
|   | 0.00                         | 0.00                     | ·    |                                  |                       | 7890.64       |  |  |
| C. Full Name (Last, First, Middle CITATION SHARES       | e Initial) of Debtor or Cred | litor                    |      | Nature of Debt (Purpose): TRAVEL |                       |               |  |  |
| Mailing Address FIVE AMER                               | ICAN LN                      |                          |      |                                  |                       |               |  |  |
| City Sta  | ate ZIF                      | <sup>o</sup> Code        |      |                                  |                       |               |  |  |
| GREENWICH C   | Γ 06                         | 831                      |      |                                  |                       |               |  |  |
| Outstanding Balance Beginnin                            | g This Period                |                          |      | Trai                             | nsaction ID: SD-10    |               |  |  |
| 1816  | 37.85                        |                          |      |                                  |                       |               |  |  |
| Amount Incurred This F                                  | Period                       | Payment This Period      |      | Outstandir                       | ng Balance at Close o | f This Period |  |  |
|   | 0.00                         | 0.00                     |      |                                  | 1                     | 8167.85       |  |  |
| 1) SUBTOTALS This Period This                           | Page (optional)              |                          |      |                                  | 185194                | .32           |  |  |
| 2) TOTALS This Period (last page                        | this line number only)       |                          |      |                                  |                       |               |  |  |
| 3) TOTAL OUTSTANDING LOANS                              | from Schedule C (las         | st page only)            | •    |                                  |                       |               |  |  |
|   |                              |                          |      |                                  |                       |               |  |  |

PAGE 10 / 30 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CMDI LIST MANAGEMENT SVC Mailing Address 7704 LEESBURG PKE City State ZIP Code **FALLS CHURCH** VA 22043 Outstanding Balance Beginning This Period Transaction ID: SD-12 3006.30 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 4893.96 0.00 7900.26 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): COMPLIANCE CONSULTING COMPLIANCE CONSULTING CO OF VA Mailing Address PO BOX 365 ZIP Code City State 22101 **MCLEAN** VA Outstanding Balance Beginning This Period Transaction ID: SD-13 1125.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 800.00 0.00 1925.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSOLIDATED EDISON CO OF NY UTILITIES Mailing Address PO BOX 1702 ZIP Code City State **NEW YORK** NY 10116 Outstanding Balance Beginning This Period Transaction ID: SD-14 802.18 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 802.18 10627.44 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

# PAGE 11/30 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor **DELTA AIRELITE** TRAVFI Mailing Address 77 COMAIR BLVD City State ZIP Code **ERLANGER** 41018 KY Outstanding Balance Beginning This Period Transaction ID: SD-15 15021.48 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 15021.48 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** GIULIANI PARTNERS Mailing Address 5 TIMES SQUARE ZIP Code City State **NEW YORK** NY 10036 Outstanding Balance Beginning This Period Transaction ID: SD-16 59290.20 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 59290.20 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): GIULIANI SECURITY & SAFETY LLC SECURITY SVC Mailing Address 5 TIMES SQUARE State ZIP Code City **NEW YORK** NY 10036 Outstanding Balance Beginning This Period Transaction ID: SD-17 141643.70 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 141643.70 215955.38 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 12/30 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor GORDON C JAMES PUBLIC RELATIONS TRAVFI Mailing Address 4715 N 32ND ST STE 104 City State ZIP Code **PHOENIX** ΑZ 85018 Outstanding Balance Beginning This Period Transaction ID: SD-18 5064.19 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 5064.19 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): HOLTZMAN VOGEL PLLC LEGAL CONSULTING Mailing Address 98 ALEXANDRIA PIKE STE 53 7IP Code State WARRENTON 20186 VA Outstanding Balance Beginning This Period Transaction ID: SD-19 22500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 27735.04 50235.04 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): JAMESTOWN CONSULTING FINANCE CONSULTING Mailing Address 5 MAPLETON ROAD STE 300 ZIP Code City State **PRINCETON** NJ 08540 Outstanding Balance Beginning This Period Transaction ID: SD-99 230.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 230.00 5294.19 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

# PAGE 13/30 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): POLITICAL STRATEGY CONSUL-TING JON KRAUSHAR & ASSOCIATES INC Mailing Address 10 E 40TH ST STE 1308 State ZIP Code City **NEW YORK** NY 10016 Outstanding Balance Beginning This Period Transaction ID: SD-21 72119.25 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 72119.25 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WEB SVC LYRIS TECHNOLOGIES INC Mailing Address PO BOX 49023 7IP Code City State SAN JOSE CA 95161 Outstanding Balance Beginning This Period Transaction ID: SD-23 5400.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 5400.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MCGRAW COMMUNICATIONS INC UTILITIES - AMOUNT DISPUT-Mailing Address PO BOX 36204 ZIP Code City State **NEWARK** 07188 NJ Outstanding Balance Beginning This Period Transaction ID: SD-25 48270.63 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 48270.63 125789.88 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

| Sc | hedule D-P  | (Use separate PAGE 14 / 30                |                        |   |  |                            |  |  |  |  |
|----|---|---|------------------------|---|--|----------------------------|--|--|--|--|
| nE | EDTE AND ODLICATIONS  |   | sch                    | edule(s)  | FOR LINE NUMBER  | R:                         |  |  |  |  |
|    | EBTS AND OBLIGATIONS  |   |                        | or each<br>bered line)                                      | (check only one)   | 11                         |  |  |  |  |
|    | cluding Loans   |   | Hullik                 | ocica iiric)  |  | X   12                     |  |  |  |  |
|    | AME OF COMMITTEE (In Full)<br>UDY GIULIANI PRESIDENTIAL COMMITT   | EE, INC                                   |                        |   |  |                            |  |  |  |  |
|    | A. Full Name (Last, First, Middle Initial) of Debto<br>OLSEN & SHUVALOV   | r or Creditor                             |                        | Nature of Debt (Purpose): PRINTING/POSTAGE - SEE ME-MO TEXT |  |                            |  |  |  |  |
|    | Mailing Address 1609 SHOAL CREEK BL\  | /D # 203                                  |                        |   |  |                            |  |  |  |  |
|    | City State AUSTIN TX  | ZIP Code<br>78701                         |                        |   |  |                            |  |  |  |  |
|    | Outstanding Balance Beginning This Period   |   | '                      | Tra   | nsaction ID: SD-27   |                            |  |  |  |  |
|    | 12401.59  |   |                        |   |  |                            |  |  |  |  |
|    | Amount Incurred This Period   | Payment This Period                       |                        | Outstandir  | ng Balance at Close of T   | his Period                 |  |  |  |  |
|    | -12401.59   | 0.00                                      | ,                      |   |  | 0.00                       |  |  |  |  |
|    | B. Full Name (Last, First, Middle Initial) of Debto<br>OPERA NEW MEDIA LLC  |   | Nature of D<br>WEB SVC | ebt (Purpose):  |  |                            |  |  |  |  |
|    | Mailing Address 1280 MASSACHUSETTS  | AVE STE 203                               |                        |   |  |                            |  |  |  |  |
|    | City State CAMBRIDGE MA   | ZIP Code<br>02138                         |                        |   |  |                            |  |  |  |  |
|    |   |   |                        |   |  |                            |  |  |  |  |
|    | Outstanding Balance Beginning This Period   |   |                        | Tra   | nsaction ID: SD-28   |                            |  |  |  |  |
|    |   |   |                        | Tra   | nsaction ID: SD-28   |                            |  |  |  |  |
|    | 150000.00   | Downant This Period                       |                        |   |  | This Pariod                |  |  |  |  |
|    | 150000.00  Amount Incurred This Period  | Payment This Period                       |                        |   | ng Balance at Close of T   | -                          |  |  |  |  |
|    | 150000.00   | Payment This Period 0.00                  | ·                      |   | ng Balance at Close of T   | his Period                 |  |  |  |  |
| •  | 150000.00  Amount Incurred This Period  | 0.00                                      | ·                      | Outstandir  | ng Balance at Close of T<br>1500<br>ebt (Purpose):   |                            |  |  |  |  |
| •  | 150000.00  Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debto   | 0.00                                      |                        | Outstandin  | ng Balance at Close of T<br>1500<br>ebt (Purpose):   |                            |  |  |  |  |
| •  | 150000.00  Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debto PRESS ASSOCIATION INC  Mailing Address PO BOX 414243  City State  | 0.00 r or Creditor ZIP Code               | ,                      | Outstandin  | ng Balance at Close of T<br>1500<br>ebt (Purpose):   |                            |  |  |  |  |
|    | 150000.00  Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debto PRESS ASSOCIATION INC  Mailing Address PO BOX 414243  | r or Creditor                             | ,<br>,                 | Outstandin  | ng Balance at Close of T<br>1500<br>ebt (Purpose):   |                            |  |  |  |  |
|    | 150000.00  Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debto PRESS ASSOCIATION INC  Mailing Address PO BOX 414243  City State  | 0.00 r or Creditor ZIP Code               |                        | Outstandin<br>Nature of D<br>SUBSCRI                        | ng Balance at Close of T<br>1500<br>ebt (Purpose):   |                            |  |  |  |  |
|    | Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debto PRESS ASSOCIATION INC  Mailing Address PO BOX 414243  City State BOSTON MA   | 0.00 r or Creditor ZIP Code               | · ·                    | Outstandin<br>Nature of D<br>SUBSCRI                        | ebt (Purpose): PTIONS  |                            |  |  |  |  |
|    | Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debto PRESS ASSOCIATION INC  Mailing Address PO BOX 414243  City State BOSTON MA  Outstanding Balance Beginning This Period  | 0.00 r or Creditor ZIP Code               |                        | Outstandin  Nature of D  SUBSCRI                            | ebt (Purpose): PTIONS  | 000.00                     |  |  |  |  |
|    | Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debto PRESS ASSOCIATION INC  Mailing Address PO BOX 414243  City State BOSTON MA  Outstanding Balance Beginning This Period  15170.40  | O.00 r or Creditor  ZIP Code 02241        |                        | Outstandin  Nature of D  SUBSCRI                            | ebt (Purpose): PTIONS  nsaction ID: SD-29  ng Balance at Close of T                              | 000.00                     |  |  |  |  |
| 1) | Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debto PRESS ASSOCIATION INC  Mailing Address PO BOX 414243  City State BOSTON MA  Outstanding Balance Beginning This Period  15170.40  Amount Incurred This Period   | ZIP Code 02241  Payment This Period  0.00 |                        | Outstandin  Nature of D  SUBSCRI                            | ebt (Purpose): PTIONS  nsaction ID: SD-29  ng Balance at Close of T                              | 000.00  This Period 170.40 |  |  |  |  |
|    | Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debto PRESS ASSOCIATION INC  Mailing Address PO BOX 414243  City State BOSTON MA  Outstanding Balance Beginning This Period  15170.40  Amount Incurred This Period  0.00   | ZIP Code 02241  Payment This Period 0.00  |                        | Outstandin  Nature of D  SUBSCRI                            | ng Balance at Close of T 1500 ebt (Purpose): PTIONS  nsaction ID: SD-29 ng Balance at Close of T | 000.00  This Period 170.40 |  |  |  |  |
| 2) | Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debto PRESS ASSOCIATION INC  Mailing Address PO BOX 414243  City State BOSTON MA  Outstanding Balance Beginning This Period  15170.40  Amount Incurred This Period  0.00  SUBTOTALS This Period (last page this line number) | ZIP Code 02241  Payment This Period 0.00  |                        | Outstandin  Nature of D  SUBSCRI                            | ng Balance at Close of T 1500 ebt (Purpose): PTIONS  nsaction ID: SD-29 ng Balance at Close of T | 000.00  This Period 170.40 |  |  |  |  |

# PAGE 15/30 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ROMAN TECH LLC COMPUTER SUPPORT Mailing Address 8645 24TH AVE City State ZIP Code **BROOKLYN** NY 11214 Outstanding Balance Beginning This Period Transaction ID: SD-31 13500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 13500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SCOTT HOWELL & COMPANY **MEDIA** Mailing Address 208 N MARKET ST STE 225 ZIP Code City State **DALLAS** 75202 TX Outstanding Balance Beginning This Period Transaction ID: SD-32 162884.24 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 162884.24 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SPROUSE CONSULTING POLITICAL STRATEGY CONSUL-TING Mailing Address PO BOX 8635 ZIP Code City State **CHARLESTON** WV 25303 Outstanding Balance Beginning This Period Transaction ID: SD-34 7200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 7200.00 183584.24 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

### PAGE 16 / 30 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TAG AVIATION TRAVEL - AMOUNT DISPUTED Mailing Address 6 INTERNATIONAL DR City State ZIP Code RYE BROOK NY 10573 Outstanding Balance Beginning This Period Transaction ID: SD-35 447736.92 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 447736.92 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TARRANCE GROUP INC TRAVEL Mailing Address 201 N UNION ST STE 410 ZIP Code City State **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD-36 36170.19 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 36170.19 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TAUGHANNOCK AVIATION CORP **TRAVEL** Mailing Address TOMPKINS COUNTY AIRPORT 66 BROWN RD ZIP Code City State **ITHACA** NY 14850 Outstanding Balance Beginning This Period Transaction ID: SD-37 210307.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 210307.00 694214.11 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 17/30 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WEB SVC **UPSTREAM COMMUNICATIONS** Mailing Address 1609 SHOAL CREEK BLVD # 203 City State ZIP Code **AUSTIN** TX 78701 Outstanding Balance Beginning This Period Transaction ID: SD-39 21150.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 21150.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **VERIZON WIRELESS** PHONE SVC Mailing Address PO BOX 408 7IP Code City State **NEWARK** NJ 07101 Outstanding Balance Beginning This Period Transaction ID: SD-40 396045.23 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 396045.23 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): VORNADO OFFICE MGMT LLC RENT/UTILITIES Mailing Address 40 FULTON ST State ZIP Code City **NEW YORK** NY 10038 Outstanding Balance Beginning This Period Transaction ID: SD-41 176462.82 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 176462.82 593658.05 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

### PAGE 18 / 30 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MESSAGE PHONE CALLS WEST MERIDIAN LLC Mailing Address 914 164TH ST SE # 343 City State ZIP Code MILL CREEK WA 98012 Outstanding Balance Beginning This Period Transaction ID: SD-42 88631.56 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 88631.56 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): XO COMMUNICATIONS LLC PHONE SVC Mailing Address 14239 COLLECTIONS CENTER DR 7IP Code City State CHICAGO 60693 IL Outstanding Balance Beginning This Period Transaction ID: SD-43 11139.65 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 11139.65 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): COMPUTER SUPPORT YUMA SOLUTIONS Mailing Address PO BOX 13947 ZIP Code City State **TALLAHASSEE** 32317 FL Outstanding Balance Beginning This Period Transaction ID: SD-44 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 471.00 471.00 5000.00 104771.21 1) SUBTOTALS This Period This Page (optional)..... 2424552.88 2) TOTALS This Period (last page this line number only)..... 1100000.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 3524552.88 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

| Schedule A-P ITEMIZED RECEIPTS  |              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 30 (check only one)  16 17a 17b 17c 17d 18 19a 19b 20a 20b 20c 21 |
|---|--------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the |              |   |  |
| NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL CO                                     | OMMITTEE, II | NC  |  |
| Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008, INC. Mailing Address P.O. BOX 16118 |              |   | Date of Receipt  0 3   |
| City<br>ARLINGTON   | State<br>VA  | Zip Code<br>22215   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    |              |   | 2000.00  |
| Name of Employer  | Occupatio    | n   | CONTRIBUTION   |
| Receipt For: 2008  X Primary General  Other (specify) ▼                                       | Election C   | Cycle-to-Date ▼ 2000.00   | Transaction ID: SA17.159287  |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 2000.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <u> </u> | 2000.00 |

|    | Schedule A-P TEMIZED RECEIPTS  |             | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 30 (check only one)  16 17a 17b 17c 17d 18 19a 19b 20a 20b 20c 21 |
|----|--|-------------|---|--|
|    | Any information copied from such Reports and State for for commercial purposes, other than using the r |             |   |  |
|    | NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COM   | MITTEE, IN  | NC  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>RUDOLPH W. GIULIANI   |             |   | Date of Receipt  |
|    | Mailing Address 1177 Avenue of the Americas  | 19th Floor  |   | 03 / 10 / Y Y Y Y Y  |
|    | City<br>NEW YORK   | State<br>NY | Zip Code<br>10036   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   |             |   | 200000.00  |
|    | Name of Employer   |             | n   | Contribution   |
|    | Receipt For: 2008  X Primary General Other (specify)   | Election C  | Sycle-to-Date ▼ 200000.00   | Transaction ID: SA-1   |

|   |         | 200000.00 |
|---|---------|-----------|
| SUBTOTAL of Receipts This Page (optional)           |         |           |
| TOTAL This Period (last page this line number only) | <b></b> | 200000.00 |

| ,  | Schedule B-P  | Use separate schedule(s)                          |              |                      | NUMBE              |          |  |                 |        | E 21 / 30       |  |  |  |
|----|---|---|--------------|----------------------|--------------------|----------|--|-----------------|--------|-----------------|--|--|--|
| I  | TEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | (cl          | neck on<br>23<br>27b | 24<br>28a          | X 2      | 5<br>8b  | 26<br>28        |        | 27a<br>29       |  |  |  |
|    | Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |   |              |                      |                    |          |  |                 |        |                 |  |  |  |
|    | NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMI  |   |              |                      |                    |          |  |                 |        |                 |  |  |  |
| A. | Full Name (Last, First, Middle Initial) SANDRA L PACK   |   |              |                      | Date of            | of Disb  | oursen   | nent            |        | 018651          |  |  |  |
|    | Mailing Address PO BOX 540  |   |              |                      | 0 1                | M /      | <sup>D</sup> 3 (   | <u></u>         | Y      | ž 0 0 9 °       |  |  |  |
|    | City<br>ARNOLD  | State Zip Code<br>MD 21012                        | Amou         | int of E             | ach D              | Disbur   |  | ent this Period |        |                 |  |  |  |
|    | Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name  |   | Categ        | iorv/                |                    |          |  | •               | 2      | 2000.00         |  |  |  |
|    | Office Sought: House Disburse   | ement For: 2008 Primary General Other (specify)   | Тур          |                      |                    |          |  |                 |        |                 |  |  |  |
| В. | Full Name (Last, First, Middle Initial) SANDRA L PACK   |   |              | Date                 | saction<br>of Disk | oursen   | nent   |                 | 018652 |                 |  |  |  |
|    | Mailing Address PO BOX 540  | failing Address PO BOX 540                        |              |                      |                    |          | $\begin{bmatrix} 0 & 2 & M & / & 2 & 5 & / & 2 & 0 & 0 & 9 & Y \\ & & & & & & & & & & & & & & & & &$ |                 |        |                 |  |  |  |
|    | City<br>ARNOLD  | State Zip Code<br>MD 21012                        |              |                      | Amou               | int of E | ach D  | Disbur          |        | ent this Period |  |  |  |
|    | Purpose of Disbursement COMPLIANCE CONSULTING   |   |              |                      | L.                 | •        |  | _               | 4      | 1012.10         |  |  |  |
|    | Candidate Name  |   | Categ<br>Typ |                      |                    |          |  |                 |        |                 |  |  |  |
|    | ÿ   | ement For: 2008 Primary General Other (specify)   |              |                      |                    |          |  |                 |        |                 |  |  |  |
| C. | Full Name (Last, First, Middle Initial) EMILY A TADLOCK   |   |              |                      | Date o             | of Disb  | oursen   | nent            |        | 018653          |  |  |  |
|    | Mailing Address 295 GREENWICH STRE  | ET  |              |                      | 0 2                | M /      | <sup>D</sup> 2 5   | 5 /             | Y      | ž 0 0 9 °       |  |  |  |
|    | City<br>NEW YORK  | State Zip Code<br>NY 10007                        |              |                      | Amou               | int of E | ach D  | Disbur          |        | ent this Period |  |  |  |
|    | Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name  |   | Categ        | ion/                 | <u> </u>           |          |  | •               | 2      | 2200.00         |  |  |  |
|    |   | amont For: 2000                                   | Тур          |                      | _                  |          |  |                 |        |                 |  |  |  |
|    | • 🗎 –   | ement For: 2008 Primary General Other (specify)   |              |                      |                    |          |  |                 |        |                 |  |  |  |
|    | SUBTOTAL of Disbursements This Page (optional)  |   |              | <u> </u>             |                    |          |  | Ť               | 8:     | 212.10          |  |  |  |
|    | TOTAL This Period (last page this line number only)   |   |              | •                    |                    |          |  |                 |        |                 |  |  |  |

В.

C.

| Schedule B-P  | Use separate schedule(s)                       |                   |               |          | IUMBE            | R:                |                |         | PA        | GE    | 22 / 30       |
|---|--|-------------------|---------------|----------|------------------|-------------------|----------------|---------|-----------|-------|---------------|
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page |                   | 2:            | k only o | 24<br>28a        | X 25              |                | ш       | 26<br>28c | П     | 27a<br>29     |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |  |                   |               |          |                  |                   |                |         |           |       |               |
| NAME OF COMMITTEE (In Full)   | and address of any political                   | COIII             | muee          | to solic | il Corti         | ibution           | 5 11           | OIII St | ucii c    | OHIII | ııııee        |
| RUDY GIULIANI PRESIDENTIAL COMMIT   | TEE, INC                                       |                   |               |          |                  |                   |                |         |           |       |               |
| Full Name (Last, First, Middle Initial) CA FRANCHISE TAX BOARD  |  |                   |               |          |                  | action<br>of Disb | urs            | emen    | _         | 0.01  | 18640         |
| Mailing Address PO BOX 942857   |  |                   |               |          | 0 <sup>M</sup> 3 | M /               | <sup>D</sup> 1 | 3       | / Y       | ž     | 0 0 9         |
| •   | State Zip Code CA 94257                        |                   |               |          | Amou             | nt of E           | ach            | Disb    | urse      | -     | t this Period |
| Purpose of Disbursement<br>TAXES  |  |                   |               |          |                  |                   | _              |         |           |       | 18.00         |
| Candidate Name  |  |                   | tegory        | /        |                  |                   |                |         |           |       |               |
| Senate X President  | ment For: 2008 Primary General Other (specify) |                   |               |          |                  |                   |                |         |           |       |               |
| State: District:  |  |                   |               |          |                  |                   |                |         |           |       |               |
| Full Name (Last, First, Middle Initial) CT COMMISSIONER OF REVENUE  |  |                   |               |          | Date o           | action<br>of Disb | urs            | emen    | _         | 0.01  | 18641         |
| Mailing Address PO BOX 2974   |  |                   |               |          | 0 3              | M /               | <sup>D</sup> 1 | 3       | / Y       | ž     | 0 0 9         |
| •   | State Zip Code<br>CT 06104                     |                   |               |          | Amou             | nt of E           | ach            | Disb    | urse      | ment  | t this Period |
| Purpose of Disbursement TAXES   |  |                   |               | $\neg$   |                  |                   |                |         |           | 2     | 50.00         |
| Candidate Name  |  | Category/<br>Type |               |          |                  |                   |                |         |           |       |               |
| Senate X President  | ment For: 2008 Primary General Other (specify) |                   | <i>,</i> ,    |          |                  |                   |                |         |           |       |               |
| State: District: Full Name (Last, First, Middle Initial)  |  |                   |               |          |                  |                   | _              |         |           |       |               |
| CT CORPORATION SYSTEM   |  |                   |               |          |                  | of Disb           | urs            | emen    |           |       |               |
| Mailing Address 1015 15TH ST., NW   |  |                   |               |          | 0 <sup>M</sup> 3 | IVI /             | ້2             | 24      | Ĺ         | 2     | 0 0 9         |
|   | State Zip Code DC 20005                        |                   |               |          | Amou             | nt of E           | ach            | Disb    | urse      | ment  | t this Period |
| Purpose of Disbursement REGISTRATION FEE  |  |                   | •             |          |                  |                   |                |         |           | 3     | 14.99         |
| Candidate Name  |  |                   | tegory<br>ype | '/       |                  |                   |                |         |           |       |               |
| , H   | ment For: 2008 Primary General Other (specify) |                   |               |          |                  |                   |                |         |           |       |               |
| State: District:  |  |                   |               |          |                  |                   |                |         |           |       |               |
| SUBTOTAL of Disbursements This Page (optional) .  |  |                   |               | <u> </u> |                  |                   |                |         |           | 5     | 82.99         |

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TOTAL This Period (last page this line number only) .....

|    | Schedule B-P  | Use separate schedule(s)                               |  | FOR LINE NUMBER: |                     |                      | PAGE 23/30  |           |     |           |           |                |
|----|---|--|--|------------------|---------------------|----------------------|---|-----------|-----|-----------|-----------|----------------|
|    | ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page      |  | (ch              | eck on<br>23<br>27b | ly one)<br>24<br>28a | Х   | 25<br>28b | Н   | 26<br>28c | 27a       |                |
|    | Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |  |  |                  |                     |                      |   |           |     |           |           |                |
|    | NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMIT   | ITEE, INC  |  |                  |                     |                      |   |           |     |           |           |                |
| A. | Full Name (Last, First, Middle Initial) FEDEX   |  |  |                  |                     |                      |   | isburs    | eme |           | ).01862   | 9              |
|    | Mailing Address PO BOX 371461   |  |  |                  |                     | 0 <sup>M</sup> 1     | М   | ′         | 5   | / Y       | žoŏ       | 9 <sup>Y</sup> |
|    |   | State         Zip Code           PA         15250-7461 |  |                  |                     | Amo                  | unt c   | of Each   | Dis | bursen    | nent this | -              |
|    | Purpose of Disbursement DELIVERY  |  |  |                  |                     |                      | _   |           |     |           | 30.9      | 17             |
|    | Candidate Name  |  |  | tego<br>Type     | -                   |                      |   |           |     |           |           |                |
|    | Senate X President  | ement For: 2008 Primary General Other (specify)        |  |                  |                     |                      |   |           |     |           |           |                |
|    | State: District:  |  |  |                  |                     |                      |   |           |     |           |           |                |
| В. | Full Name (Last, First, Middle Initial) FEDEX   |  |  |                  |                     | Date                 | of D  | isburs    | eme |           | 0.01863   | _              |
|    | Mailing Address PO BOX 371461   | Mailing Address PO BOX 371461                          |  |                  |                     |                      | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |           |     |           |           |                |
|    |   | State Zip Code<br>PA 15250-7461                        |  |                  |                     | Amo                  | unt c   | of Each   | Dis | bursen    | nent this | Period         |
|    | Purpose of Disbursement<br>DELIVERY   |  |  |                  |                     |                      | _   |           |     |           | 144.2     | 2              |
|    | Candidate Name  |  |  | atego<br>Type    |                     |                      |   |           |     |           |           |                |
|    |   | ement For: 2008 Primary General Other (specify)        |  |                  |                     |                      |   |           |     |           |           |                |
| C. | Full Name (Last, First, Middle Initial) FINANCIAL AGENT-US TREASURY                                       |  |  |                  |                     | Date                 | of D  | isburs    | eme |           | ).01863   |                |
|    | Mailing Address IRS PROCESSING CEN  | TER  |  |                  |                     | 0 3                  | М   | / D       | 3   | / Y       | 200       | 9 <sup>Y</sup> |
|    |   | State Zip Code UT 84201                                |  |                  |                     | Amo                  | unt c   | of Each   | Dis | bursen    | nent this | Period         |
|    | Purpose of Disbursement TAXES   |  |  | 0                |                     |                      |   |           |     | (         | 33629.0   | 0              |
|    | Candidate Name  |  |  | atego<br>Type    | -                   |                      |   |           |     |           |           |                |
|    | * H   | ement For: 2008 Primary General Other (specify)        |  |                  |                     |                      |   |           |     |           |           |                |
|    |   |  |  |                  |                     |                      |   |           | •   | 3         | 3804.1    | 9              |
|    | SUBTOTAL of Disbursements This Page (optional) .  TOTAL This Period (last page this line number only)     |  |  |                  | <u> </u>            |                      |   | *         |     |           | 3007.1    | -              |
|    |   |  |  |                  |                     |                      |   |           |     |           |           |                |

|    | Schedule B-P  | Use separate schedule(s)                        | FOR LI            | NE NUMBER:                           | PAGE 24/30              |  |  |
|----|---|---|-------------------|--------------------------------------|-------------------------|--|--|
|    | ITEMIZED DISBURSEMENTS  | for each category of the                        | l —               | only one)                            |                         |  |  |
|    |   | Detailed Summary Page                           | 23<br>27b         | 24 X 25 28a 28b                      | 26 27a<br>28c 29        |  |  |
|    | Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |   | by any perso      | on for the purpose of solid          | citing contributions    |  |  |
|    | NAME OF COMMITTEE (In Full)   |   |                   |                                      |                         |  |  |
|    | RUDY GIULIANI PRESIDENTIAL COMMIT   | ITEE, INC                                       |                   |                                      |                         |  |  |
| A. | Full Name (Last, First, Middle Initial) HOLTZMAN VOGEL PLLC   |   |                   | Transaction ID:<br>Date of Disbursem | nent                    |  |  |
|    | Mailing Address 98 ALEXANDRIA PIKE  |   |                   | 02 7                                 | 2009                    |  |  |
|    | •   | State Zip Code<br>VA 20186                      |                   | Amount of Each D                     | isbursement this Period |  |  |
|    | Purpose of Disbursement LEGAL CONSULTING  |   |                   | ]                                    | 20213.59                |  |  |
|    | Candidate Name  | ement For: 2008                                 | Category/<br>Type |                                      |                         |  |  |
|    | • 🗎   | ement For: 2008 Primary General Other (specify) |                   |                                      |                         |  |  |
|    | State: District:  | -   |                   |                                      |                         |  |  |
| В. | Full Name (Last, First, Middle Initial) HOLTZMAN VOGEL PLLC   |   |                   | Transaction ID:<br>Date of Disbursem | nent                    |  |  |
|    | Mailing Address 98 ALEXANDRIA PIKE  |   |                   | 03 / 19                              | 2009                    |  |  |
|    | •   | State Zip Code<br>VA 20186                      |                   | Amount of Each D                     | isbursement this Period |  |  |
|    | Purpose of Disbursement<br>LEGAL CONSULTING   |   |                   |                                      | 30021.45                |  |  |
|    | Candidate Name  |   | Category/<br>Type |                                      |                         |  |  |
|    |   | Primary General Other (specify)                 |                   |                                      |                         |  |  |
| C. | Full Name (Last, First, Middle Initial) LA DEPARTMENT OF REVEUNE  |   |                   | Transaction ID: Date of Disbursem    |                         |  |  |
|    | Mailing Address PO BOX 91011  |   |                   | 03 / 13                              | 2009                    |  |  |
|    |   | State Zip Code<br>LA 70821                      |                   | Amount of Each D                     | isbursement this Period |  |  |
|    | Purpose of Disbursement TAXES   |   |                   | ]                                    | 10.00                   |  |  |
|    | Candidate Name  | ement For: 2008                                 | Category/<br>Type |                                      |                         |  |  |
|    | Senate X President  | Primary General Other (specify)                 |                   |                                      |                         |  |  |
|    | State: District:  |   |                   |                                      |                         |  |  |
|    | SUBTOTAL of Disbursements This Page (optional) .  |   | <b>)</b>          |                                      | 50245.04                |  |  |
|    | TOTAL This Period (last page this line number only)   |   | <u> </u>          | -                                    |                         |  |  |

| S  | chedule B-P   | Use separate schedule(s)                               | FOR LINE           |   | PAGE 25/30               |  |  |  |
|----|---|--|--------------------|---|--------------------------|--|--|--|
| П  | EMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page      | (check only 23 27b | one)<br>24 X 25 28a 28b                     | 26 27a<br>28c 29         |  |  |  |
|    | ny Information copied from such Reports and Statem for commercial purposes, other than using the name |  |                    |   |                          |  |  |  |
|    | NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMIT   | TEE, INC   |                    |   |                          |  |  |  |
| Α. | Full Name (Last, First, Middle Initial) METROPOLITAN TELECOMMUNICATION                                | NS   |                    | Transaction ID:  Date of Disbursem  0 1 0 5 | nent                     |  |  |  |
|    | Mailing Address PO BOX 9660   |  |                    | 0 1 0 5                                     | 2009                     |  |  |  |
|    |   | State         Zip Code           NH         03108-9660 |                    | Amount of Each D                            | isbursement this Period  |  |  |  |
|    | Purpose of Disbursement UTILITIES Candidate Name  |  | Category/          |   | 933.87                   |  |  |  |
|    |   | ment For: 2008 Primary General Other (specify)         | Туре               |   |                          |  |  |  |
| В. | Full Name (Last, First, Middle Initial) MISSOURI DEPARTMENT OF REVENUE  Mailing Address PO BOX 3365   |  |                    | Transaction ID: Date of Disbursem           |                          |  |  |  |
|    | JEFFERSON CITY  | State Zip Code<br>MO 65105                             |                    | Amount of Each D                            | risbursement this Period |  |  |  |
|    | Purpose of Disbursement TAXES Candidate Name  |  | Category/          |   | 20.00                    |  |  |  |
|    |   | ment For: 2008 Primary General Other (specify)         | Туре               |   |                          |  |  |  |
| C. | Full Name (Last, First, Middle Initial) ND STATE TAX COMMISSION                                       |  |                    | Transaction ID: Date of Disbursem           | nent                     |  |  |  |
|    | Mailing Address 600 E BOULEVARD AVE   | <u> </u>   |                    | 03 13                                       | 2009                     |  |  |  |
|    |   | State Zip Code<br>ND 58505                             |                    | Amount of Each D                            | isbursement this Period  |  |  |  |
|    | Purpose of Disbursement<br>TAXES  |  |                    |   | 64.00                    |  |  |  |
|    | Candidate Name  |  | Category/<br>Type  |   |                          |  |  |  |
|    |   | ment For: 2008 Primary General Other (specify)         |                    |   |                          |  |  |  |
| s  | SUBTOTAL of Disbursements This Page (optional) .  |  | <u></u>            |   | 1017.87                  |  |  |  |
| 1  | <b>TOTAL</b> This Period (last page this line number only)  |  | <b>)</b>           |   |                          |  |  |  |

В.

C.

| Cahadula D D   |                    |                |                  |  |        |             |                |          |               |  |
|--|--------------------|----------------|------------------|--|--------|-------------|----------------|----------|---------------|--|
| Schedule B-P   | Use separate so    | hedule(s)      |                  | NUMBER: PAGE 26/30   |        |             |                |          |               |  |
| ITEMIZED DISBURSEMENTS   | for each categor   |                | (check only      | -  | - J    | o- [        | <b>–</b>       |          | 07-           |  |
|  | Detailed Summa     | ary Page       | 23<br>27b        | 24<br>28a  |        | 25  <br>28b | 26<br>28c      | $\vdash$ | 27a<br>29     |  |
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| or for commercial purposes, other than using the name            |                    |                |                  |  |        |             |                |          |               |  |
| NAME OF COMMITTEE (In Full)                                      |                    |                |                  |  |        |             |                |          |               |  |
| RUDY GIULIANI PRESIDENTIAL COMMIT                                | TEE, INC           |                |                  |  |        |             |                |          |               |  |
| Full Name (Last, First, Middle Initial)                          |                    |                |                  | Trans  | actio  | n ID:       | SB23           | 3-0.0    | 18645         |  |
| NOVA INFORMATION SYSTEMS   |                    |                |                  | Date o   | of Dis | burse       | ment           |          |               |  |
| Mailing Address 7300 CHAPMAN HWY                                 |                    |                |                  | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & Y \end{bmatrix}$ |        |             |                |          |               |  |
|  | State Zip C        |                |                  | Amoui  | nt of  | Each        | Disburs        | emen     | t this Period |  |
|  | ΓN 3792            | 20             |                  |  |        |             | -              |          | 90.00         |  |
| Purpose of Disbursement<br>BANK FEE                              |                    |                |                  |  |        | -           |                | -        | 90.00         |  |
| Candidate Name   |                    |                | ategory/<br>Type |  |        |             |                |          |               |  |
| Office Sought: House Disburse                                    | ment For:          | <b> </b>       | Туре             |  |        |             |                |          |               |  |
|  |                    | General        |                  |  |        |             |                |          |               |  |
| President  | Other (specify)    | 7              |                  |  |        |             |                |          |               |  |
| State: District:   |                    |                |                  |  |        |             |                |          |               |  |
| Full Name (Last, First, Middle Initial)                          |                    |                |                  | Transa   | actio  | n ID:       | SB23           | 8-0.0    | 18647         |  |
| NOVA INFORMATION SYSTEMS   |                    |                |                  | Date of Disbursement   |        |             |                |          |               |  |
| Mailing Address 7300 CHAPMAN HWY                                 |                    |                |                  | 0 3  | M /    | 0           | <sup>D</sup> / | Y 2      | 0 0 9         |  |
| Maining / Red 1909 / 7500 OF IAT WAIN TWY                        |                    |                |                  |  |        |             |                | •        |               |  |
|  | State Zip C        |                |                  | Amoui  | nt of  | Each        | Disburs        | emen     | t this Period |  |
|  | ΓN 3792            | 20             |                  |  |        | •           |                |          | 90.00         |  |
| Purpose of Disbursement<br>BANK FEE                              |                    |                |                  |  | 0      |             | -              | 0        | 90.00         |  |
| Candidate Name   |                    |                | ategory/         |  |        |             |                |          |               |  |
|  |                    |                | Type             |  |        |             |                |          |               |  |
| Office Sought: House Disburse                                    | ment For: 2        | 2008           |                  |  |        |             |                |          |               |  |
| Senate X   | ,                  | General        |                  |  |        |             |                |          |               |  |
| President  | Other (specify)    | 7              |                  |  |        |             |                |          |               |  |
| State: District:   |                    |                |                  |  |        |             |                |          |               |  |
| Full Name (Last, First, Middle Initial) NOVA INFORMATION SYSTEMS |                    |                |                  | Transa<br>Date o   |        |             | SB23           | 3-0.0°   | 18649         |  |
| NOVA IN OTIMATION OTOTEMO  |                    |                |                  |  | M /    |             |                | Y Y      | YY            |  |
| Mailing Address 7300 CHAPMAN HWY                                 |                    |                |                  | 0 1  |        | 0           | <sup>D</sup> / | 2        | 0 0 9         |  |
|  | State Zip C        |                |                  | Amoui  | nt of  | Each        | Disburs        | emen     | t this Period |  |
| KNOXVILLE  | ΓN 3792            | 20             |                  |  |        | •           | -              |          | 200.00        |  |
| Purpose of Disbursement<br>BANK FEE                              |                    |                |                  |  | 0      |             | _              |          | 360.00        |  |
| Candidate Name   |                    |                | ategory/         |  |        |             |                |          |               |  |
| Candidate Ivanie   |                    | - I            | Type             |  |        |             |                |          |               |  |
| Office Sought: House Disburse                                    | ment For: 2        | 2008           |                  |  |        |             |                |          |               |  |
| Senate X   | Primary            | General        |                  |  |        |             |                |          |               |  |
| President  | Other (specify)    | 7              |                  |  |        |             |                |          |               |  |
| State: District:   |                    |                |                  |  |        |             |                |          |               |  |
| CURTOTAL of Disharmanness This Board (and the                    |                    |                |                  |  |        |             |                | 5        | 40.00         |  |
| SUBTOTAL of Disbursements This Page (optional)                   |                    |                | <u></u>          | -  | -      | -           |                |          | .5.55         |  |
| TOTAL This Period (last page this line number only)              |                    |                | ▶                |  |        |             |                |          |               |  |

| •        | Schedule B-P  | Use separate schedule                        | (-) | FC           | OR LINI     | E NUMBE          | R:     |           | F               | AGI   | E 27/     | ′ 30           |
|----------|---|--|-----|--------------|-------------|------------------|--------|-----------|-----------------|-------|-----------|----------------|
|          | TEMIZED DISBURSEMENTS   | for each category of the                     | è   | (c           | heck on     |                  |        |           |                 |       | ٦ ٥٦٠     |                |
|          |   | Detailed Summary Pag                         | е   |              | 23<br>27b   | 24<br>28a        | H      | 25<br>28b | 26<br>280       | ,     | 27a<br>29 | l              |
|          | Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |  |     |              |             |                  |        |           |                 |       |           |                |
| <u> </u> | NAME OF COMMITTEE (In Full)   |  |     |              |             |                  |        |           |                 |       |           |                |
|          | RUDY GIULIANI PRESIDENTIAL COMMIT   | ITEE, INC                                    |     |              |             |                  |        |           |                 |       |           |                |
| A.       | Full Name (Last, First, Middle Initial) NY STATE CORPORATE TAX  |  |     |              |             | Date             | of Di  | sburs     | : SB23<br>ement |       |           |                |
|          | Mailing Address PO BOX 1909   |  |     |              |             | 0 <sup>M</sup> 3 | М      | <b>1</b>  | 3 /             | Y     | ž 0 ŏ     | 9              |
|          |   | State Zip Code<br>NY 12201                   |     |              |             | Amou             | ınt of | f Each    | Disburs         |       |           |                |
|          | Purpose of Disbursement TAXES   |  |     | •            |             | L.               |        |           |                 | 12    | 2767.0    | 00             |
|          | Candidate Name  |  |     | Cateo<br>Typ |             |                  |        |           |                 |       |           |                |
|          |   | ment For: 2008 Primary Gener Other (specify) | al  |              |             |                  |        |           |                 |       |           |                |
| _        | State: District:  |  |     |              |             |                  |        |           |                 |       |           |                |
| В.       | Full Name (Last, First, Middle Initial) NY STATE CORPORATE TAX  |  |     |              |             | Date             |        | sburs     | : SB23<br>ement | 3-0.0 | 01863     | 34             |
|          | Mailing Address PO BOX 1909   |  |     |              |             | 0 <sup>M</sup> 3 | М      | <b>1</b>  | <b>3</b> /      | Υ     | ž 0 ŏ     | 9 <sup>Y</sup> |
|          | •   | State Zip Code<br>NY 12201                   |     |              |             | Amou             | ınt of | f Each    | Disburs         | eme   | ent this  | Period         |
|          | Purpose of Disbursement TAXES   |  |     | -            |             | ] L.             |        | •         |                 | 2     | 2672.0    | 00             |
|          | Candidate Name  |  |     | Cateo<br>Typ | gory/<br>be |                  |        |           |                 |       |           |                |
|          | 1 11 11 11 11 11 11 11 11 11 11 11 11 1   | ment For: 2008 Primary Gener Other (specify) | al  |              |             |                  |        |           |                 |       |           |                |
|          | State: District:  | Other (specify)                              |     |              |             |                  |        |           |                 |       |           |                |
| C.       | Full Name (Last, First, Middle Initial) NYC DEPARTMENT OF FINANCE   |  |     |              |             |                  |        |           | : SB23<br>ement | 3-0.0 | 01863     | 35             |
|          | Mailing Address PO BOX 5040   |  |     |              |             | 0 <sup>M</sup> 3 | М      | <b>1</b>  | <b>3</b> /      | Υ     | ž 0 ŏ     | 9 <sup>Y</sup> |
|          |   | State Zip Code<br>NY 12402                   |     |              |             | Amou             | ınt of | f Each    | Disburs         | eme   | ent this  | Period         |
|          | Purpose of Disbursement TAXES   |  |     |              |             | <u>L.</u>        |        |           |                 | 10    | 0652.0    | 00             |
|          | Candidate Name  |  |     | Cateo<br>Typ | gory/<br>pe |                  |        |           |                 |       |           |                |
|          | · —   | ment For: 2008 Primary Gener Other (specify) | al  |              |             |                  |        |           |                 |       |           |                |
|          | State: District:  | Caror (opcomy)                               |     |              |             |                  |        |           |                 |       |           |                |
|          | SUBTOTAL of Disbursements This Page (optional)  |  |     |              |             |                  |        |           |                 | 26    | 091.0     | 00             |

TOTAL This Period (last page this line number only) .....

В.

C.

| Schedule B-P   |   | FOR LINE          | NUMBER: PAGE 28/30  |
|--|---|-------------------|---|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | (check only       |   |
| TI EMILED DIODOTICEMENTO   | Detailed Summary Page                             | 23<br>27b         | 24 X 25 26 27a<br>28a 28b 28c 29  |
| Any Information copied from such Reports and Statemor for commercial purposes, other than using the name |   |                   |   |
| NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMIT  | TEE, INC  |                   |   |
| Full Name (Last, First, Middle Initial) OH TREASURER   |   |                   | Transaction ID: SB23-0.018637 Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Mailing Address PO BOX 182101  |   |                   |   |
| •  | State Zip Code<br>OH 43218                        |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement TAXES  |   | •                 | 150.00  |
| Candidate Name   |   | Category/<br>Type |   |
| Office Sought:    House   Disburser     Senate   X     President     State: District:                    | ment For: 2008 Primary General Other (specify)    |                   |   |
| Full Name (Last, First, Middle Initial)  |   |                   | Transaction ID: SB23-0.018638   |
| VA DEPARTMENT OF TAX   |   |                   | Date of Disbursement  O 3   |
| Mailing Address PO BOX 1500  |   |                   | 03 13 2009  |
| •  | State Zip Code<br>VA 23218                        |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement TAXES  |   |                   | 3.00  |
| Candidate Name   |   | Category/<br>Type |   |
| President  | ment For: 2008 Primary General Other (specify)    |                   |   |
| State: District:   |   |                   |   |
| Full Name (Last, First, Middle Initial) WACHOVIA BANK NATIONAL ASSOCIAT                                  | ION   |                   | Transaction ID: SB23-0.018644 Date of Disbursement  |
| Mailing Address PO BOX 563966  |   |                   | $\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 2 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & 2 & O & O & P \end{bmatrix} $ |
|  | State Zip Code<br>NC 28262                        |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>BANK FEE  | * *   | 41.84             |   |
| Candidate Name   |   | Category/<br>Type |   |
| Office Sought:    House   Disburser   X  | ment For: 2008 Primary General Other (specify)    |                   |   |
| State: District:   | · · · · · · · · · · · · · · · · · · ·             |                   |   |
| SUBTOTAL of Disbursements This Page (optional)   |   | <b>&gt;</b>       | 194.84  |

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TOTAL This Period (last page this line number only) .....

FEC Schedule B ( Form 3P)

| S  | Schedule B-P  | Use separate schedule(s)                          | FOR LINE           | NUMBER:                          | PAGE 29/30               |
|----|---|---|--------------------|----------------------------------|--------------------------|
| ľ  | TEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | (check only 23 27b | one) 24 X 25 28a 28b             | 26 27a<br>28c 29         |
|    | ny Information copied from such Reports and Statem r for commercial purposes, other than using the name |   |                    |                                  |                          |
|    | NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMIT   | ITEE, INC   |                    |                                  |                          |
| Α. | Full Name (Last, First, Middle Initial) WACHOVIA BANK NATIONAL ASSOCIAT                                 | TION  |                    | Transaction ID: Date of Disburse |                          |
|    | Mailing Address PO BOX 563966   |   |                    | 02 1                             | 2009                     |
|    |   | State Zip Code<br>NC 28262                        |                    | Amount of Each                   | Disbursement this Period |
|    | Purpose of Disbursement BANK FEE Candidate Name   |   | Category/          |                                  | 31.83                    |
|    |   | ement For: 2008 Primary General Other (specify)   | Туре               |                                  |                          |
| В. | Full Name (Last, First, Middle Initial) WACHOVIA BANK NATIONAL ASSOCIAT Mailing Address PO BOX 563966   | TION  |                    | Transaction ID: Date of Disburse | D / Y Y Y Y              |
|    | •   | State Zip Code<br>NC 28262                        |                    | Amount of Each                   | Disbursement this Period |
|    | Purpose of Disbursement BANK FEE Candidate Name   |   | Category/          |                                  | 32.98                    |
|    |   | ement For: 2008 Primary General Other (specify)   | Туре               |                                  |                          |
| С. | Full Name (Last, First, Middle Initial) YUMA SOLUTIONS INC  |   |                    | Date of Disburse                 |                          |
|    | Mailing Address PO BOX 13947  |   |                    | 01 / 1                           | 2 2009                   |
|    |   | State Zip Code<br>FL 32317                        |                    | Amount of Each                   | Disbursement this Period |
|    | Purpose of Disbursement COMPUTER SUPPORT/EQUIPMENT Candidate Name                                       |   | Category/<br>Type  |                                  | 471.00                   |
|    | · —   | ment For: 2008 Primary General Other (specify)    | JF-                |                                  |                          |
| Γ  | -   |   |                    |                                  | 535.81                   |
|    | SUBTOTAL of Disbursements This Page (optional) .  TOTAL This Period (last page this line number only)   |   |                    |                                  | 121223.84                |
|    |   |   |                    |                                  | , ,=,====.               |

Image# 29991916959 Form/Schedule: SD12 THE AMOUNT SHOWN IN THE 'INCURRED IN PERIOD' FIELD REPRESENTS CREDITS DUE TO THE COMMI Transaction ID: SD-27